

**FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT RENTED/LEASED EQUIPMENT**

DO NOT RECORD MORE THAN ONE DSR WORK SITE AND MORE THAN ONE PAY PERIOD ON THIS FORM.

Name of Operation:	Location of Work Site:	Time Period Covered:
Disaster Number:		DSR Number:

Type of Equipment Give size, capacity, HP, Unit #, etc.	FEMA Rate Number		Hours Worked per Day							Total Hours	Rate	Invoice Number	Total Cost
			Su	Mo	Tu	We	Th	Fr	Sa				
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$
		Hours in use									\$		\$

I certify that this information was transcribed from timesheets, payroll records, or other documents which are available for audit. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>	Total Hours			Total Costs	\$